

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5	1						55		
6		1					56		
7		1					57		
8		1					58		
9		4					59		
10	1						60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18	1						68		
19		1					69		
20		1					70		
21		1					71		
22	1						72		
23		1					73		
24		1					74		
25							75		
26							76		
27							77		
28							78		
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30							80		
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33							83		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
27		27		27		27		27	